

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
Date of Receipt: APR 12 2016
Bayfield Co. Zoning Dept.

Permit #: 16-008
Date: 5-20-16
Amount Paid: \$1600
Refund: 520-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Jeff Raether Mailing Address: 1106 Bullett Hill Rd City/State/Zip: Southburn Ct 06488 Telephone: _____

Address of Property: 24340 Co Hwy M City/State/Zip: Cable WI 54821 Cell Phone: 703-994-2465

Contractor: Scott Byrd Contractor Phone: 715-482-4184 Plumber: Anders Resnussen + Sons Plumber Phone: 715-798-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Byrd Agent Phone: 715-482-4184 Agent Mailing Address (include City/State/Zip): 19720 Pioneer Rd Cable WI 54821 Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 3 Lot(s) 1 CSM 1810 10 336 Lot(s) No. Block(s) No. Subdivision: Volume 10 Page(s) 2336 PIN: (23 digits) 04-034-243-06-13-3 05-004-51000 Recorded Document: (i.e. Property Ownership) _____

Section 24, Township 43 N, Range 6 W Town of: Kamakagon Lot Size: _____ Acreage: 2.630

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue --> Distance Structure is from Shoreline: 485 feet

☐ Is Property/Land within 1000 feet of lake, Pond or Flowage ☐ If yes---continue --> Distance Structure is from Shoreline: _____ feet

☐ Is Property in Floodplain Zone? ☐ Yes ☒ No ☐ Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>500,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>ST</u> <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet		
				<input type="checkbox"/> None		

Existing Structures: (If permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 68' Width: 42' Height: 30'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)		(<u>68</u> x <u>42</u>)	<u>2856</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(_____ x _____)	
		with Loft	(_____ x _____)	
		with a Porch	(_____ x _____)	
		with (2 nd) Porch	(_____ x _____)	
		with a Deck	(_____ x _____)	
		with (2 nd) Deck	(_____ x _____)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(_____ x _____)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____		(_____ x _____)	
	<input type="checkbox"/> Addition/Alteration (specify) _____		(_____ x _____)	
	<input type="checkbox"/> Accessory Building (specify) _____		(_____ x _____)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(_____ x _____)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special User: (explain) _____		(_____ x _____)	
	<input type="checkbox"/> Conditional Use: (explain) _____		(_____ x _____)	
	<input type="checkbox"/> Other: (explain) _____		(_____ x _____)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

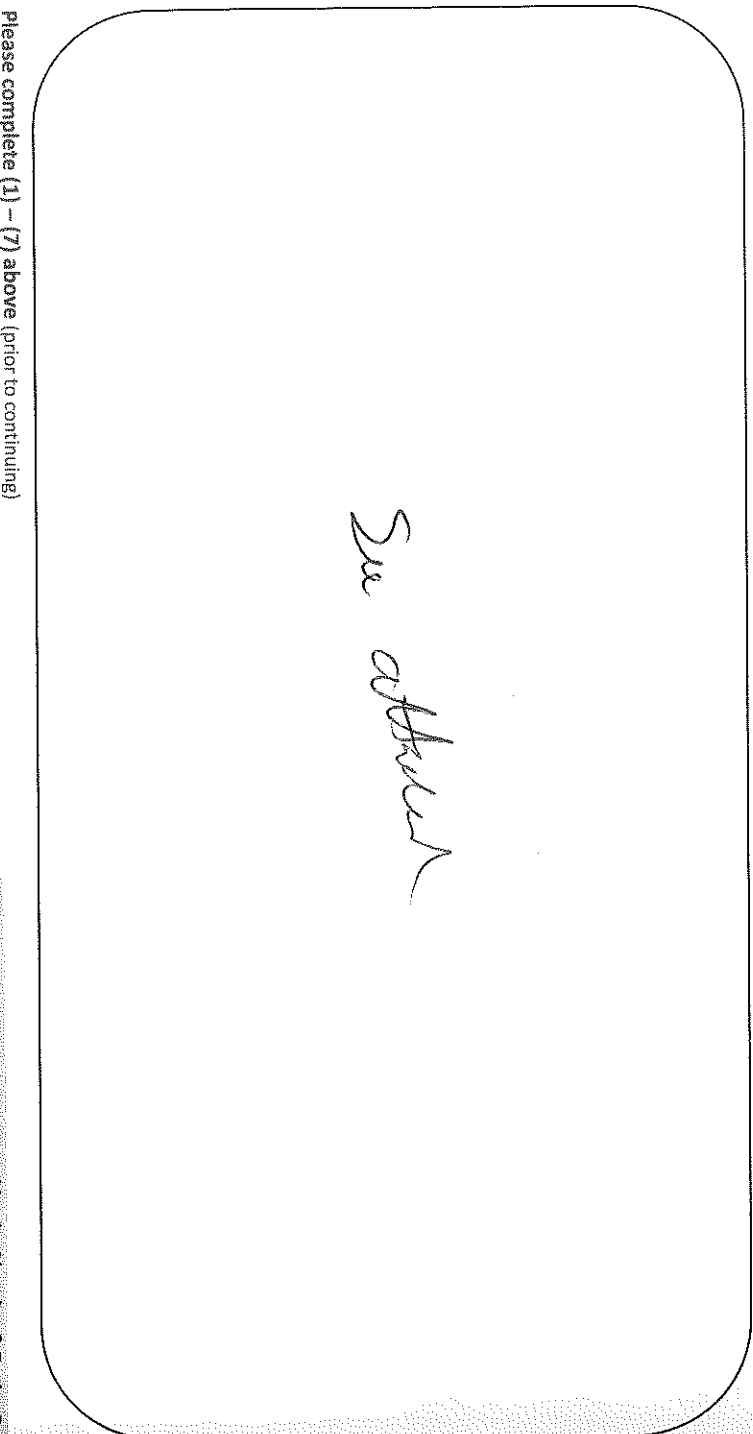
Authorized Agent: Scott Byrd Date: 4-6-16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 19720 Pioneer Rd Cable WI 54821 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	75 Feet		
Setback from the South Lot Line	105 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	305 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	Feet
Setback to Drain Field	15 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

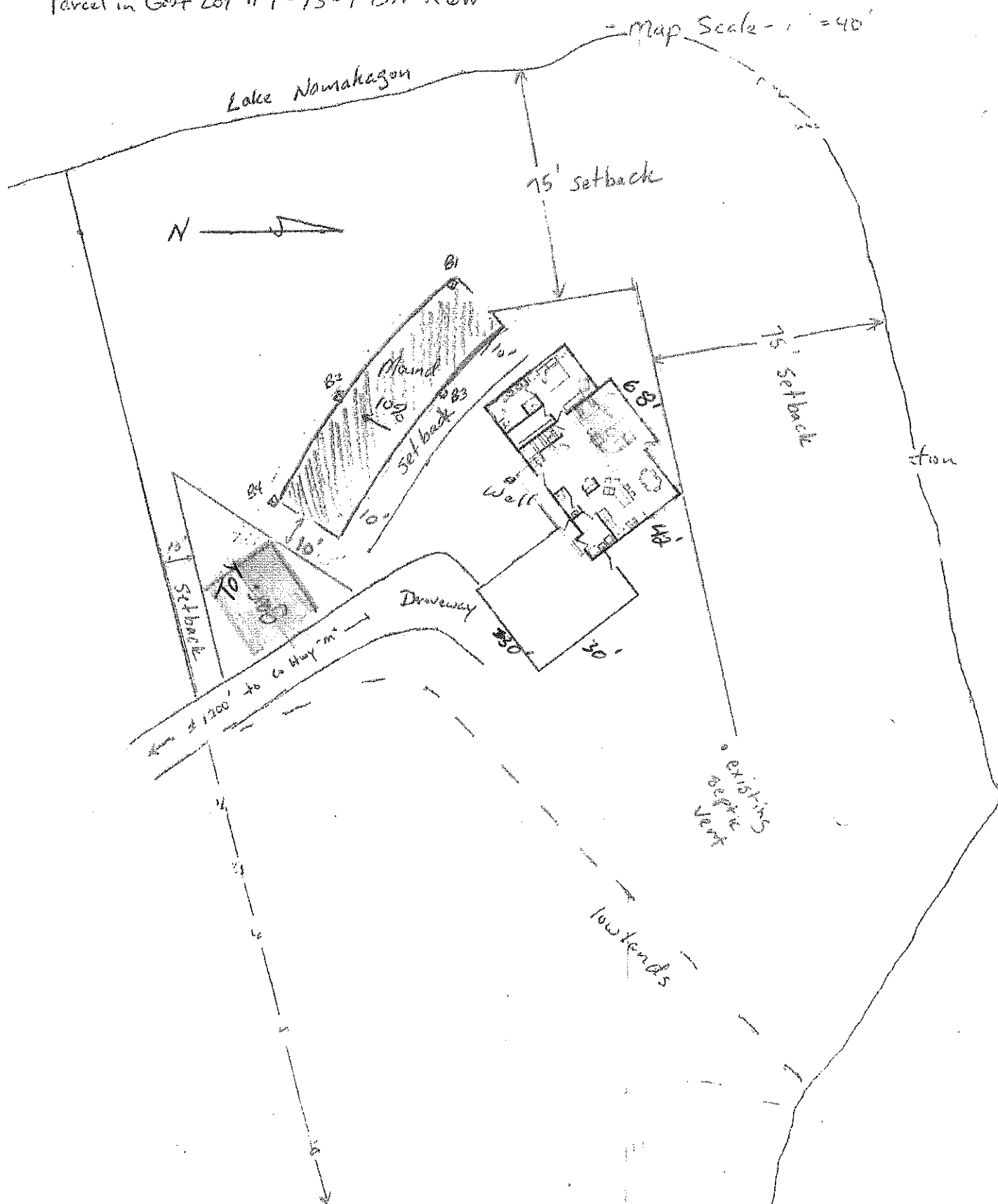
Issuance Information (County Use Only)	Sanitary Number: 16095	# of bedrooms: 3	Sanitary Date: 5-20-16
Permit Denied (Date):	Reason for Denial:		
Permit #: 16-0108	Permit Date: 5-20-16		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:			
Date of Inspection: 5/11	Inspected by: J. Davis	Zoning District: (A)	Lakes Classification: (1)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:	
Existing house to be removed			
MUST add WDR			
Signature of Inspector: J. Davis		Date of Approval: 5/20/16	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

Town of Namakugen

Page 3 of 4

Parcel in Cont Lot #4-13-T43N-R6W

Map Scale - 1" = 40'



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED

Date Stamp (if any)

APR 12 2015

RECEIVED
APR 12 2015
Bayfield Co. Zoning Dept.

Permit #:	16-0109
Date:	5-20-16
Amount Paid:	\$120
Refund:	500-16

Chicago Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>Jeff Koether</u>		Mailing Address: <u>1106 Ballet Hill Rd</u>		City/State/Zip: <u>Southbury Ct 06488</u>		Telephone: _____		
Address of Property: <u>24340 Co Hwy M</u>		City/State/Zip: <u>Cable Wt 54821</u>		Cell Phone: <u>803-994-2465</u>				
Contractor: <u>Scott Byrd</u>		Contractor Phone: <u>715-492-4184</u>		Plumber: <u>N/A</u>		Plumber Phone: _____		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Scott Byrd</u>		Agent Phone: <u>715-492-4184</u>		Agent Mailing Address (include City/State/Zip): <u>19720 Pioneer Rd Cable Wt 54821</u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-0342243-06-133 05-004-51000</u>		Recorded Document: (i.e. Property Ownership) Volume <u>10</u> Page(s) <u>336</u>		
_____ 1/4, _____ 1/4		Gov't Lot <u>3</u>	Lot(s) <u>1</u>	CSM <u>181010336</u>	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>24</u> , Township <u>43</u> N, Range <u>6</u> W		Town of: <u>Nemadagon</u>		Lot Size		Acreage <u>2.630</u>		
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---Continue →		Distance Structure is from Shoreline : _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---Continue →		Distance Structure is from Shoreline : _____ feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>40,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Garage	<input checked="" type="checkbox"/> Slab			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 30	Width: 30	Height: 15

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Toy Garage</u>	(30 X 30)	900
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance				
MAY 20 2015	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	
Secretarial Staff				

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: X cc07 FT B cc07

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

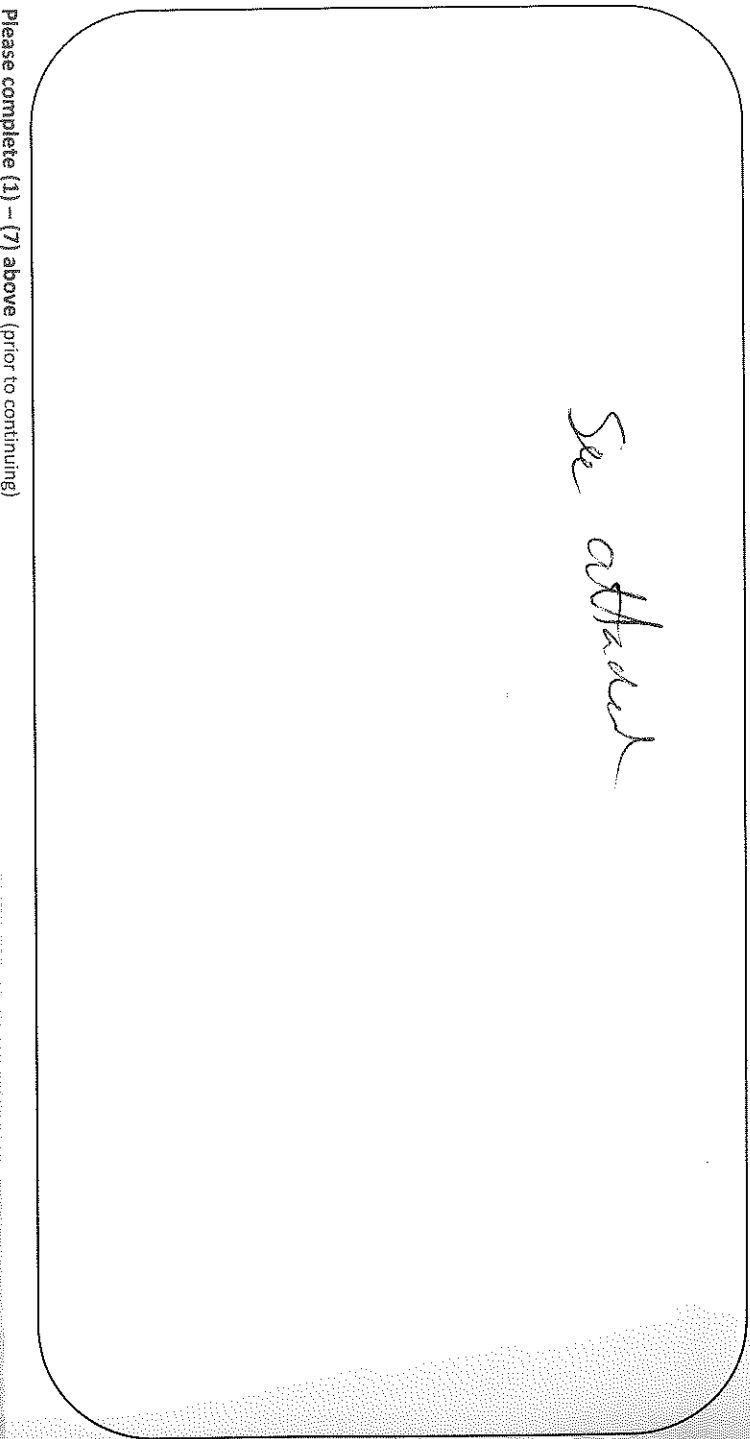
Attach
Copy of Tax Statement
property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	75 Feet		
Setback from the South Lot Line	60 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	1 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>16-085</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>5-20-16</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>16-0109</u>		Permit Date: <u>5-20-16</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>OK</u>		Zoning District (<u>R1</u>) Lakes Classification (<u>1</u>)			
Date of inspection: <u>5-17</u>		Inspected by: <u>Malen</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) <u>Existing Garage to be removed</u> <u>Not for human habitation</u> <u>NO water under pressure</u>					
Signature of Inspector: <u>Shawn</u>				Date of Approval: <u>5/20/16</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

